

Emergency Child Placement Agreement

I understand that if I become unable to take care of my children (i.e. hospitalization, incarceration, mental health issues), my children are not able to stay in the program without me.

I, _____, authorize staff of _____ to place my child(ren) with:

Name: _____

Relationship: _____

Address: _____

Phone: _____

I, _____, authorize the program to contact the above named person for the purpose of facilitating child placement.

Date staff confirmed above contact information: _____

Date letter received: _____

I understand that if DSS has legal custody of my child(ren), the program will follow DSS protocol.

Resident Signature: _____ Date _____

Staff Signature: _____ Date _____

